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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br><b>09/245,615</b>   |                 | Filing Date<br><b>02/04/1999</b> |                     | <input checked="" type="checkbox"/> To Be Mailed |                     |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|-----------------|----------------------------------|---------------------|--------------------------------------------------|---------------------|--|
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                                  |                     |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input checked="" type="checkbox"/> OR |                 | SMALL ENTITY                     |                     |                                                  |                     |  |
| FOR                                                                                                                             | NUMBER FILED                                                                             | NUMBER EXTRA                                                                                                                                                                                                                  |                                    | RATE (\$)                                           | FEE (\$)        | OR                               |                     | RATE (\$)                                        | FEE (\$)            |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |                     | N/A                                              | N/A                 |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |                     | N/A                                              | N/A                 |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                                 | N/A             |                                  |                     | N/A                                              | N/A                 |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |                                                                                          |                                                                                                                                                                                                                               |                                    | X \$ =                                              | X \$ =          |                                  |                     | X \$ =                                           | X \$ =              |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          |                                                                                                                                                                                                                               |                                    | X \$ =                                              | X \$ =          |                                  |                     | X \$ =                                           | X \$ =              |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                                  |                     |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                          |                 | SMALL ENTITY OR                  |                     | SMALL ENTITY                                     |                     |  |
| <b>AMENDMENT</b>                                                                                                                | <b>01/15/2009</b>                                                                        | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                       |                 | RATE (\$)                        | ADDITIONAL FEE (\$) | RATE (\$)                                        | ADDITIONAL FEE (\$) |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   | + 29                                                                                                                                                                                                                          | Minus                              | -- 59                                               | = 0             | X \$26 =                         | 0                   | OR                                               | X \$ =              |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             | + 2                                                                                                                                                                                                                           | Minus                              | --- 8                                               | = 0             | X \$110 =                        | 0                   | OR                                               | X \$ =              |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     | OR                                               |                     |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     | OR                                               |                     |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 | TOTAL ADD'L FEE                  | 0                   | OR                                               | TOTAL ADD'L FEE     |  |
| <b>AMENDMENT</b>                                                                                                                | (Column 1)                                                                               |                                                                                                                                                                                                                               | (Column 2)                         |                                                     | (Column 3)      |                                  | SMALL ENTITY OR     |                                                  | SMALL ENTITY        |  |
|                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT                                                         | HIGHEST NUMBER PREVIOUSLY PAID FOR                                                                                                                                                                                            | PRESENT EXTRA                      |                                                     | RATE (\$)       | ADDITIONAL FEE (\$)              | RATE (\$)           | ADDITIONAL FEE (\$)                              |                     |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   | + *                                                                                                                                                                                                                           | Minus                              | **                                                  | =               | X \$ =                           | X \$ =              | OR                                               |                     |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             | + *                                                                                                                                                                                                                           | Minus                              | ***                                                 | =               | X \$ =                           | X \$ =              | OR                                               |                     |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     | OR                                               |                     |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     | OR                                               |                     |  |
|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     | TOTAL ADD'L FEE |                                  | OR                  | TOTAL ADD'L FEE                                  |                     |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                     |                 |                                  |                     |                                                  |                     |  |

Legal Instrument Examiner:  
/ANGELA D. JOHNSON/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.